

APPLICATION FOR EXAMINATION

RETURN TO
CIVIL SERVICE BOARD
111 East Ladiga Street
Jacksonville, Alabama 36265

INSTRUCTIONS:
Applications must be received by the Civil Service Board or postmarked on or before the closing date indicated on the announcement. A separate application is required for each examination. ALL BLANKS MUST BE FILLED IN WITH TYPEWRITER OR WITH INK.

Date Received

Grade			Rank		
Fail	Pass	Cert.	El. List	Employed	Date

DO NOT WRITE ABOVE THIS LINE

1. Job Applying For: _____
(Use Title on Job Application)

2. Name: _____
(Print) LAST NAME FIRST MIDDLE

3. Address: _____
NO. AND STREET, RD. OR PO BOX APT NO. CITY STATE ZIP CODE

4. How long have you lived at this address? _____ 5. Telephone Number: Home _____ Work _____

6. Date of Birth: _____ 7. Social Security Number: _____ 8. Are you a U.S. Citizen: _____

9. Have you ever been convicted of any offense other than a minor traffic violation? YES _____ NO _____
Conviction is not necessarily disqualifying. Give the facts and dates of your conviction(s) in Space 10.

10. Use this space to explain any items in Spaces 1-9. _____

11. Education: You **MUST** attach a copy of your diploma or G.E.D. Certificate or it will not be considered.

A. Did you graduate from High School? YES – Month/Year _____ NO – Highest Grade Completed _____

B. If you have a high school equivalency certificate, give the year and place the certificate was granted.

Year: _____ Place: _____

C. Give last high school, grade school, or trade school attended:

Name of School: _____ Location: _____ Dates Attended: _____ Course: _____

D. List any colleges, business schools, or technical schools you attended: You **MUST** attach a copy of your degree, certificate or diploma or it **WILL NOT** be considered. If you did not graduate, you **MUST** attach a transcript or your college work for it to be considered.

Name of School	Location	Course or Major	Dates Attended	Degree or Certificate Received

E. Other training (special courses, work training programs, armed forces training). Give name and location where training was given, certificate (if any), dates attended, subject of training, number of hours weekly, and other details related to the job for which you are applying. _____

12. LIST THREE RELIABLE PERSONS, NOT RELATIVES OR EMPLOYERS, WHO KNOW YOU WELL ENOUGH TO GIVE INFORMATION ABOUT YOU.

<u>NAME</u>	<u>ADDRESS</u>	<u>OCCUPATION</u>

1. _____
2. _____
3. _____

WORK HISTORY

Beginning with your PRESENT or most recent employment, list in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Give complete information, especially about the kind of work you did. You MAY NOT substitute a Resume for this information.

13. 1. Present or most recent period of employment:	Employment Period	Salary Per Month	Reason for Leaving
Employer: _____	From _____	Beginning \$ _____ Last \$ _____	_____ _____ _____
Address: _____	Month Year		
City & State: _____	To _____		
Type of Business: _____	Month Year		
Your Position: _____	Total Months _____		

Duties: (Be Specific) _____

2. Next most recent period of employment:	Employment Period	Salary Per Month	Reason for Leaving
Employer: _____	From _____	Beginning \$ _____ Last \$ _____	_____ _____ _____
Address: _____	Month Year		
City & State: _____	To _____		
Type of Business: _____	Month Year		
Your Position: _____	Total Months _____		

Duties: (Be Specific) _____

3. Next most recent period of employment:	Employment Period	Salary Per Month	Reason for Leaving
Employer: _____	From _____	Beginning \$ _____ Last \$ _____	_____ _____ _____
Address: _____	Month Year		
City & State: _____	To _____		
Type of Business: _____	Month Year		
Your Position: _____	Total Months _____		

Duties: (Be Specific) _____

4. Next most recent period of employment:	Employment Period	Salary Per Month	Reason for Leaving
Employer: _____	From _____	Beginning \$ _____ Last \$ _____	_____ _____ _____
Address: _____	Month Year		
City & State: _____	To _____		
Type of Business: _____	Month Year		
Your Position: _____	Total Months _____		

Duties: (Be Specific) _____

5. Next most recent period of employment:	Employment Period	Salary Per Month	Reason for Leaving
Employer: _____	From _____	Beginning \$ _____ Last \$ _____	_____ _____ _____
Address: _____	Month Year		
City & State: _____	To _____		
Type of Business: _____	Month Year		
Your Position: _____	Total Months _____		

Duties: (Be Specific) _____

14. Show other experience by using additional sheets.

15. **NOTICE:** You **MUST** attach a copy of your driver's license with photo or another I.D. or you may be disqualified.

16. I hereby certify that all statements made hereon and attached hereto are true and correct to the best of my knowledge. Any false statement may be cause for denying me the right to examination or employment.

Date _____ Signed _____

CITY OF JACKSONVILLE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ , do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Jacksonville, Alabama, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Jacksonville, Alabama. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

WITNESS

SIGNATURE (FULL NAME)

Address _____

Phone _____

Date of Birth _____

SDL# _____

Social Security # _____